U.S. Department of Labor Office of 2abor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.



1. File Number U - 5999	2. Fiscal Year Covered From:		
,	1 / 1 / 2004 Through: 12 / 31 / 2004		
3. Name and address of person filing.	4. Name, file number, and address of labor organization.		
Name Reggie Hohenberger	Name Sheet Metal Workers' Local Union No. 33		
	Labor Organization File Number 517-801		
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any		
Street 2117 Old Trail Road	Street 3666 Carnegie Avenue		
City Perrysburg	City Cleveland		
State Ohio ZIP Code + 4 43551	State Ohio ZIP Code + 4 44115		
5. Position in labor organization. Business Manager/President			
A. Held an interest in, engaged in transactions (including loans) with monetary value from an employer whose employees your organic	n, or derived income or other economic benefit of ization represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income.		
monetary value from an employer whose employees your organi	ization represents or is actively seeking to represent.		
Name and address of Employer (including trade name, if any).			
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
	7.b. Amount.		
Street			
City			
State ZIP Code + 4			
	Signature		
15. Signature and verification. The undersigned declares, under penalt submitted in this report (including the information contained in any accomundersigned's knowledge and belief, true, correct, and complete. (See the	ty of Perjury and other applicable penalties of the law, that all of the information ipanying documents), has been examined by the signatory and is, to the best of the section on penalties in the instructions.)		
Signed State Holmbugh	0.0/10/2005		
Signed Gergy TOLNIFUZU	On 8/10/2005 216-391-1645 Date Telephone Number		
Form I M-20 (2003)	•		

Name of Person Filing Reggie Hohenberger	File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is activally any part of which consists of buying from or selling or leasing directly or included in the consists of buying from or selling or leasing directly or included in which your labor organization or with a trust in which your labor organization.	vise dealing with the business vely seeking to represent, or irectly to, or otherwise		
8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	9. Business deals with: a. Labor Organization b. Trust c. Employer 11.a. Nature of such dealing.		
Street	11.b. Approximate dollar value of such dealing.		
City	12.a. Nature of interest held or income received.		
State ZIP Code + 4	12.b. Amount.		
C. Received from any employer (other than an employer covered under	r parts A and R above)		
or from any labor relations consultant to an employer any payment of money	or other thing of value.		
 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). 	14.a. Nature of payment.		
Name Mesirow Financial	Basketball game and dinner \$203.8	5	
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street 220 Park Avenue, Suite 350		***************************************	
City Birmingham			
State Michigan ZIP Code + 4 48009			
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.	\$204	

Name of Person Filing Reggie Hohenberger	File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any). Name Cosme, D'Angelo & Szollosi Co., L.P.A. Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 202 North Erie Street City Toledo State Ohio ZIP Code +4 43624	9. Business deals with: a. Labor Organization b. Trust c. Employer		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	Provides representation for Local Union No. 33 11.b. Approximate dollar value of such dealing. \$75,306 12.a. Nature of interest held or income received. Windbreaker with law firm's logo \$37.50		
	12.b. Amount. \$38		
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	or parts A and B above) or other thing of value. 14.a. Nature of payment.		
Name			
P.O. Box, Bldg., Room No., if any Street			
City			
State ZIP Code + 4	14.b. Amount of payment.		
13.b. Is the Business an Employer or Consultant ?	remove announce of payment.		

Name of Person Filing Reggie Hohenberger	File Number U-
B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is actively any part of which consists of buying from or selling or leasing directly or incidealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or lirectly to, or otherwise
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name	,
Trade Name, if any:	a. Labor Organization
P.O. Box, Bidg., Room No., if any	b. Trust
Street	c. Employer
City	
State ZIP Code + 4	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	11.b. Approximate dollar value of such dealing.
City	12.a. Nature of interest held or income received.
State ZIP Code + 4	
	12.b. Amount.
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name Benefit Services, Inc.	Three (3) tickets to sporting event
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any P.O. Box 4138 Suite 201	
Street 3636 Copley Road	
City Akron	
State Ohio ZIP Code + 4 44321	
13.b. Is the Business an Employer X or Consultant ?	14.b. Amount of payment. \$195

Name of Person Filing Reggie Hohenberger		File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or included ing with your labor organization or with a trust in which your labor organization.	wise dealing with the busines vely seeking to represent, or lirectly to, or otherwise	s	
Name and address of Business (including trade name, if any).	9. Business deals with:		
Name Alliance Capitol Trade Name, if any:	a. Labor Organization	ation	
P.O. Box, Bldg., Room No., if any Street 3201 Enterprise Parkway	b. Trust c. Employer		
City Cleveland			
State Ohio ZIP Code + 4 44122 10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such deal	ing.	
Name Trade Name, if any:	Investment Manager	•	
P.O. Box, Bldg., Room No., if any Street			
City	11.b. Approximate dollar value		59
State ZIP Code + 4	12.a. Nature of interest hel		
			A. Leiter
	12.b. Amount.	şı	30
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name			***************************************
Trade Name, if any:			ŀ
P.O. Box, Bldg., Room No., if any			
Street			
City			
State ZIP Code + 4			
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.		

Name of Person Filing Reggie Hohenberger	File Number U-
B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is actively any part of which consists of buying from or selling or leasing directly or incidealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or directly to, or otherwise
8. Name and address of Business (including trade name, if any). Name Int'l Training Institute for the Sheet Metal Trade Name, if any: and Air Conditioning Industry P.O. Box, Bldg., Room No., if any Street 601 N. Fairfax Street, Suite 240 City Alexandria State Virginia ZIP Code + 4 22314	9. Business deals with: a. Labor Organization b. Trust c. Employer 11.a. Nature of such dealing.
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	Developing curriculum for training facilities throughout the country.
City State ZIP Code + 4	11.b. Approximate dollar value of such dealing. \$0 12.a. Nature of interest held or income received. February 2004 Trustee Meeting - Dinner \$125.60
	12.b. Amount. \$126
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a, Nature of payment.
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

Name of Person Filing Reggie Hohenberger	File Number U-
B. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is ac (2) any part of which consists of buying from or selling or leasing directly or it dealing with your labor organization or with a trust in which your labor organization.	erwise dealing with the business ctively seeking to represent, or ndirectly to, or otherwise
8. Name and address of Business (including trade name, if any). Name Sheet Metal Occupational Health Institute Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 601 N. Fairfax Street, Suite 240 City Alexandria State Virginia ZIP Code + 4 22314 10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	9. Business deals with: X a. Labor Organization b. Trust c. Employer 11.a. Nature of such dealing. Develops safety criteria for job sites
Street City State ZIP Code + 4	11.b. Approximate dollar value of such dealing. \$0 12.a. Nature of interest held or income received. February 2004 Trustee Meeting - Dinner \$125.60
	12.b. Amount. \$1.26
C. Received from any employer (other than an employer covered unor from any labor relations consultant to an employer any payment of mone	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment,
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

Name of Person Filing Reggie Hohenberger	File Number U-		
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Name and address of Business (including trade name, if any).	9. Business deals with:		
Name Sheet Metal Occupational Health Institute Trade Name, if any:	a. Labor Organization		
P.O. Box, Bidg., Room No., if any	b. Trust		
Street 601 N. Fairfax Street, Suite 240	c. Employer		
City Alexandria State Virginia ZIP Code + 4 22314			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name	Develops safety criteria for job sites		
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street	11.b. Approximate dollar value of such dealing. \$0		
City	12.a. Nature of interest held or income received.		
State ZIP Code + 4	July 2004 Trustee Meeting - Reception \$47.59		
	12.b. Amount. \$48		
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			
City			
State ZIP Code + 4			
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.		

Name of Person Filing Reggie Hohenberger	File Number U-
B. Held an interest in or derived income or economic benefit with monetary va substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acti (2) any part of which consists of buying from or selling or leasing directly or including with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or lirectly to, or otherwise
8. Name and address of Business (including trade name, if any). Name Sheet Metal Occupational Health Institute Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 601 N. Fairfax Street, Suite 240 City Alexandria State Virginia ZIP Code+4 22314	9. Business deals with: a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	11.a. Nature of such dealing. Develops safety criteria for job sites
City State ZIP Code + 4	11.b. Approximate dollar value of such dealing. \$0 12.a. Nature of interest held or income received. November 2004 Trustee Meeting - Reception \$ 92.25 - Dinner \$ 98.43
	12.b. Amount. \$191
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment.
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

Name of Person Filing Reggie Hohenberger	File Number u-		
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8. Name and address of Business (including trade name, if any). Name National Energy Management Institute, Inc. Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 601 N. Fairfax Street, Suite 250 City Alexandria State Virginia ZIP Code + 4 22314 10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	9. Business deals with: X a. Labor Organization b. Trust c. Employer 11.a. Nature of such dealing. Develops and implements criteria for the HVAC industry.		
Ouest	11.b. Approximate dollar value of such dealing. \$0		
State ZIP Code + 4	12.a. Nature of interest held or income received. February 2004 Trustee Meeting - Dinner \$ 62.80 - Lodging \$1,046.40		
	12.b. Amount. \$1,109		
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment.		
13.b. Is the Business an Employer or Consultant?			

Name of Person Filing Reggie Hohenberger	File Number u-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any). Name National Energy Management Institute, Inc. Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 601 N. Fairfax Street, Suite 250 City Alexandria State Virginia ZIP Code + 4 22314 10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any:	9. Business deals with: X a. Labor Organization b. Trust c. Employer 11.a. Nature of such dealing. Develops and implements criteria for the HVAC industry.		
P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.b. Approximate dollar value of such dealing. \$0 12.a. Nature of interest held or income received. March 2004		
	Reimbursed expenses Task Force Meeting 12.b. Amount. \$50		
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment.		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.		

Name of Person Filing Reggie Hohenberger	f Person Filing Reggie Hohenberger		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any).	9. Business deals with:		
Name National Energy Management Institute, Inc. Trade Name, if any:	a. Labor Organization	tion	
P.O. Box, Bldg., Room No., if any Street 601 N. Fairfax Street, Suite 250	b. Trust c. Employer		
City Alexandria			
State Virginia ZIP Code + 4 22314			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such deali		
Name	industry.	ments criteria for the HVAC	
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street	11.b. Approximate dollar valu	ue of such dealing. \$0	
City	12.a. Nature of interest hel	d or income received.	
State ZIP Code + 4	September, 2004 Me	eting	
	- Airfare \$ 329.	70	
	- Lodging \$ 400. - Per Diem \$ 225.		
	- Per Diem \$ 225.	00	
	12.b. Amount,	\$955	
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money			
Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any		-	
Street			
City			
State ZIP Code + 4			
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.		

Name of Person Filing Reggie Hohenberger	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any). Name National Energy Management Institute, Inc. Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 601 N. Fairfax Street, Suite 250 City Alexandria State Virginia ZIP Code + 4 22314 10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	9. Business deals with: X a. Labor Organization b. Trust c. Employer 11.a. Nature of such dealing. Develops and implements criteria for the HVAC industry.	
City State ZIP Code + 4	11.b. Approximate dollar value of such dealing. \$0 12.a. Nature of interest held or income received. November, 2004 Trustee Meeting - Lodging \$ 1,249.00 - Reception \$ 46.13 - Dinner \$ 49.21	
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment.	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	

Name of Person Filing Reggie Hohenberger	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any). Name Nat'l Energy Management Institute Committee Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 601 N. Fairfax Street, Suite 250 City Alexandria State Virginia ZIP Code + 4 22314 10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	9. Business deals with: X a. Labor Organization b. Trust c. Employer 11.a. Nature of such dealing. Develops criteria for studying proper energy usage	
Street	11.b. Approximate dollar value of such dealing. \$0	
City	12.a. Nature of interest held or income received.	
State ZIP Code + 4	February 2004 Trustee Meeting - \$62.80 Dinner	
	12.b. Amount. \$63	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		
State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	

Name of Person Filing Reggie Hohenberger	File Number U-
B. Held an interest in or derived income or economic benefit with monetary va substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acti (2) any part of which consists of buying from or selling or leasing directly or including with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or directly to, or otherwise
8. Name and address of Business (including trade name, if any). Name Nat'l Energy Management Institute Committee Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 601 N. Fairfax Street, Suite 250 City Alexandria State Virginia ZIP Code + 4 22314	9. Business deals with: a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	Develops criteria for studying proper energy usage
Street	
City	11.b. Approximate dollar value of such dealing. \$0
State ZIP Code + 4	12.a. Nature of interest held or income received. July 2004 Trustee Meeting - \$ 2,092.00 Lodging
	12.b. Amount. \$2,092
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant	er parts A and B above) or other thing of value. 14.a. Nature of payment.
(including trade name, if any).	
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

Name of Person Filing Reggie Hohenberger	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary vasubstantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is act (2) any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	rwise dealing with the business ively seeking to represent, or directly to, or otherwise	
8. Name and address of Business (including trade name, if any). Name Nat'l Energy Management Institute Committee Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 601 N. Fairfax Street, Suite 250 City Alexandria State Virginia ZIP Code +4 22314	9. Business deals with: X a. Labor Organization b. Trust c. Employer 11.a. Nature of such dealing.	
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	Develops criteria for studying proper energy usage	
\(\text{V-100}\)	11.b. Approximate dollar value of such dealing. \$0	
City	12.a. Nature of interest held or income received.	
State ZIP Code + 4	November 10, 2004 Meeting - \$ 149.51 Lodging 36.00 Dinner	
	12.b. Amount. \$186	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	

Name of Person Filing Reggie Hohenberger	File Number U-	
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8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Nat'l Energy Management Institute Committee Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 601 N. Fairfax Street, Suite 250 City Alexandria State Virginia ZIP Code + 4 22314	a. Labor Organization b. Trust c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	Develops criteria for studying proper energy usage	
Street	11.b. Approximate dollar value of such dealing. \$0	
State ZIP Code + 4	12.a. Nature of interest held or income received. November 2004 Trustee Meeting - \$ 46.13 Reception 49.21 Dinner	
	12.b. Amount. \$95	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment. 14.b. Amount of payment.	
13.b. Is the Business an Employer or Consultant?	randunt of paymont.	

DISCLAIMER

The transactions, dealings and interests that are detailed in the attached LM-30 Report represent my good faith effort to reconstruct the reportable occurrences for the period of January 1, 2004 to December 31, 2004. Accurate records of reportable occurrences were not kept for the 2004 fiscal year, and some or many items may have been unintentionally omitted. If, in the future, it comes to my attention that there exists a transaction, dealing or interest that should have been reported for the period of January 1, 2004 to December 31, 2004, I will immediately file an amended LM-30 Report.

Date